



## POWER OF ATTORNEY BY ASSIGNEE

The undersigned assignee of the entire interest in the attached application for Letters Patent for the invention entitled:

### Quantification of Aortoiliac Endoluminal Irregularity

by virtue of Assignment recorded concurrently herewith hereby appoints Marek Alboszta, Reg. No. 39,894, Ron Jacobs, Reg. No. 50,142, Katharina Wang Schuster, Reg. No. 50,000, Thomas J. McFarlane, Reg. No. 39,299, Robert Lodenkamper, Reg. No. 55,399, and Tianhua Gu, Reg. No. 52,480 as its agents to prosecute the attached application and to transact all business in the Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor(s) and their attorney(s) in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

Please direct all communication relative to said application to the following correspondence address:

**Ron Jacobs**  
Lumen  
2345 Yale Street, 2<sup>nd</sup> Floor  
Palo Alto, CA 94306  
tel: (650) 424-0100  
fax: (650) 424-0141

I am duly authorized to sign this instrument on behalf of assignee corporation. I hereby declare that, to the best of my knowledge and belief, title is in the assignee herein, and I affirm review of the Assignment document concurrently submitted and believe that the attached application has been assigned to assignee herein and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNEE: THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Stanford University  
Office of Technology Licensing  
1705 El Camino Real  
Palo Alto, CA 94306

Official Authorized to Act on Behalf of Assignee:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Katharine Ku*

*KATHARINE KU*

*Director, OTE*

*3-31-04*

Date

Power of Attorney by Assignee